





☑ Initial Application ☐ Amended Application			FILERID 2 004/3/2/
NAME OF CANDIDATE		OFFICE SOUGHT (include Leg	
LESLIE E. THOMBON	J	State Senate	or 10#25
ADDRESS (NUMBER & STREET)	_	CITY	STATE ZIP
2747 W. SKYRIDGE	BENSON	BENDON	Az. 85602
MAILING ADDRESS (if different) from above)		CITY	STATE ZIP
P.O. Box 21st		BENSON	Az 85602
CANDIDATE'S TELEPHONE #	CANDIDATE'S FAX #	CANDIDATE'S E-MAIL ADDRE	SS
520-586-2556		Thinkey a the sive	er.Com
CANDIDATE'S PARTY AFFILIATION (If any) NAME OF CANDIDATE'S COMMITTEE		J	·—·
NAME OF CANDIDATE'S COMMITTEE	<u> </u>		· ·
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			STATE ZIP
2747 W. Skyridge		BENSON	Az 85602
COMMITTEE'S PHONE #	COMMITTEE'S FAX #	COMMITTEE'S E-MAIL ADDRI	ESS
550 - tel 36 586-2536	5	SAME AS ABO	Ac.
NAME OF DESIGNATED INDIVIDUAL WITH AUT	HORITY TO WITHDRAW FUNDS (IF APPLIC	ABLE) (A.R.S. §16-948)	75C. 75C.
SHIRLEY K. THOMBO	ん		
DESIGNATED INDIVIDUAL'S ADDRESS		CITY	STATE ZIP
P.O. Bx 2134		Benson	Az 85602
DESIGNATED INDIVIDUAL'S TELEPHONE #	DESIGNATED INDIVIOUAL'S FAX #	DESIGNATED INDIVIDUAL'S E-MAIL ADDRESS	
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CCEC-003-APP/CERT-08/28/01

Application for Certification - Part II

CANDIDATE AND DESIGNATED INDIVIDUAL'S STATEMENT (A.R.S. §16-947): I, the undersigned, upon my oath and under penalty of perjury, certify that the following statements are true and accurate to the best of my knowledge and belief: